

COUNCIL ON LOCAL MANDATES

Complaint Information Sheet

To aid the Council in processing your complaint, please fill out the following form. The form is to be completed and signed by the individual identified under Part A (2), as the responsible contact person for the Claimant or, if represented by an attorney, by the attorney for the Claimant.

Part A. Information regarding the person or entity filing the Complaint (Claimant):**(1) Name of Claimant:**

Address/phone & fax numbers of Claimant:

Phone: _____ Fax: _____

(2) Name/title of contact person/legal counsel preparing this document:

Address/phone & fax numbers of contact person/legal counsel:

Phone: _____ Fax: _____

(3) Signature of person preparing this document

Date: _____

Part B.* Information regarding the Complaint:**Cite(s) to the specific provision(s) of the statute, rule or regulation that is the subject of the Complaint:**

_____.

Provide a brief summary of the Complaint (including a short and plain statement setting forth the basis for your claim that the above-cited statute, rule, or regulation is an unfunded mandate):

* Please note that the information provided under Part B is to be used for the summary published on the Council's Internet site. The text must be typed and legible. Please be as specific and as brief as possible. If more space is needed, please attach no more than one additional sheet.